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TITLE: Implementing HIV Prevention Programs in Substance Abuse Treatment Facilities as Part of a Comprehensive HIV Service Model – Eight-Year Retrospective

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ISSUE: More than 50,000 persons attending methadone and other drug treatment clinics who are at high risk for HIV/AIDS through injection drug use and sexual transmission, lack adequate access to HIV prevention, counseling and testing and primary medical care.

SETTING: The projects were implemented in a variety of settings, mostly drug treatment facilities, including methadone and drug free modalities. Other community-based organizations were funded to serve users not in treatment.

PROJECT: In 1990, with the assistance of grants from the CDC, SAMHSA, and New York State, a concerted effort was made to persuade the drug treatment community, particularly methadone providers, to substantially broaden and redefine their fundamental mission to incorporate first HIV prevention services and later primary medical care. This project pushed providers into the public health arena through incorporating HIV services co-located with drug treatment. Other experiments of this nature report unsuccessful outcomes and considerable resistance was evidenced on the part of providers. The HIV prevention model includes: education; HIV counseling and testing; group and individual supportive and behavioral counseling; partner notification; referral and follow-up; and linkages with community services. A year later primary care and case management were added to the model establishing a seamless continuum of HIV services. Treatment programs underwent major organizational changes replacing administrative staff and managers who would not accept the changing environment. Eventually, medical staff, social workers and medical administrators had to be hired. Recently, programs have expanded HIV services to users not in treatment.

RESULTS: In 1990 the first year of operation, 23.3% of clients agreeing to test were positive for HIV including more than 30% of those in methadone programs. The high rate of seroprevalence helped strengthen our argument for supporting HIV primary care on site at the drug treatment facilities. In the first eight years of operation, a total of 94,386 persons have been tested for HIV revealing 9,977 infected persons for a seroprevalence of 10.57%. A total of 24,376 referrals for medical care, entitlements and other services have been made with success rates ranging from 75% to 90%. By January of 1999 the HIV primary care caseload had grown to 3,439, 1247 or 36.26% of whom are diagnosed with AIDS.

LESSONS LEARNED: Drug treatment providers have access to persons at the highest risk for HIV and who, for a variety of reasons have historically had difficulty accessing adequate care. When provided adequate training and resources substance abuse treatment programs are able to deliver superior prevention and primary health care services, which substance users in and out of treatment readily utilize.

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